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** CONTINUING DATA *****

This application is a 371 of PCT/EP03/07793 06/30/2003

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	4	30	2
Verified and Acknowledged	/MARYAM MONSHIPOURI/ Examiner's Signature	Initials				

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TITLE

Thrombin cleavable factor x analogues

FILING FEE RECEIVED 1930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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